

Sadie Bell

Died at ^{Town} Greenfield ^{County} Ford MARYLAND

Date 19 02 ^{Month} 6 ^{Day} 18 ^{Age} 26 ^{Y.} ^{M.} ^{D.} ^{Native of} ind ^{Occupation} Servant

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of

Wife

Father's
Name

Avery Bell

Mother's
Maiden Name

138

Cause of ^{Primary} Pregnancy

Death ^{Immediate} Acute Brights

How long sick 12 hours.

Accident, Suicide, Homicide

Reported by

J. H. Conley

Address

Admission ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Office of General Books Chapter

Name in Full

Certificate of Death

Vincin Beaver

Died at ^{Town} Indiana ^{County} Indiana MARYLAND

Date 1902 ^{Month} June ^{Day} 19 ^{Y.} 46 ^{M.} Indiana ^{D.} Indiana ^{Native of} Indiana ^{Occupation} Farmer

^{Male} Male ^{White} White ^{Married} Married ^{Widow} Widow ^{Divorced} Divorced

^{Female} Female ^{Colored} Colored ^{Singl} Singl ^{Widow} Widow ^{Number of children living} Number of children living

Husband of Allice Elizabeth Beaver

Father's Name Arthur Beaver Mother's Maiden Name Matilda Beaver

Cause of ^{Primary} Tuberculosis ^{How long sick} How long sick

Death ^{Immediate} Immediate ^{Accident, Suicide, Homicide} Accident, Suicide, Homicide

Reported by J. B. Johnson M.D.

Address Indiana Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in full

Alger Brauer

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

June 25

Age

10

5

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Organic Heart Disease 3 Mo

How long sick

Death

Immediate

Pneumonia

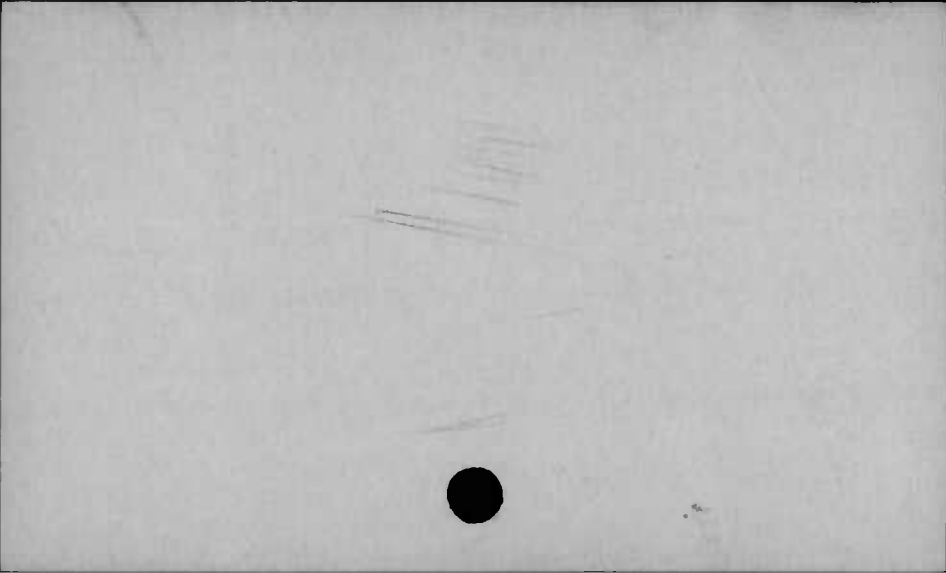
~~Accident, Suicide, Homicide~~

Reported by

Address

12 Ch. St. S. X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Thomas Browning
 Town County
 Died at Near Fountainville Frederick 14 MARYLAND
 Month Day Y. M. D. Native of Occupation
 Date 19 09 June 15 Age 71 Md School Teacher
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 3
 Husband of Amanda Browning late
 Wife
 Father's Name Jeremiah Browning Mother's Name
 Cause of Death Primary Immediate Debility
 How long sick 3 days
 Accident, Suicide, Homicide
 Reported by A. C. de Loust Md
 Address Templeton Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Buhrman

Town

County

Died at Foxville

Frederick

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1902	6	4	75	2	9		Md	Farmer

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Four

Husband of

Wife

Cecelia Ann Buhrman

Father's

Mother's

Name

Maiden Name

Cause of	Primary	How long sick
Death	Immediate Heart failure	179

Accident, Suicide, Homicide

Reported by

C. E. Lack Undertaker

Address

Thurmont Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND		
Date		Month <i>June</i>	Day <i>25</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>3</i>	Native of	Occupation
<i>1901</i>		<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>		
		<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>	Number of children living		<i>3</i>
Husband		of <i>John Campbell</i>						
Wife								
Father's		Name <i>" "</i>						Mother's
Name								Name <i>Lucy Goings</i>
Cause of	Death	Primary	<i>Fall in birth</i>				How long sick	
		Immediate					<i>3 days</i>	
								Accident, Suicide, Homicide
Reported by		<i>E. S. Bester</i>						
Address		<i>City</i>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JUN 25 1907

11 am

Name In Full

Certificate of Death

Lauritta Coblenz

Died at

Middleton

County

Frank

MARYLAND

Date 1902

June

28

Age

68

Y. 7

M. 18

D.

Native of

Frank Co

Occupation

House wife

Female

White

Single

Widow

Divorced

Number of children living

Husband of
WifeFather's
Name

Peter Coblenz

Mother's
Name

Elizabeth Coblenz

Cause of

Primary

Lymphatic Leukaemia

How long sick

1 year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

J. C. Beatty Jr.
Middleton

Frank Co. 53

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. _____

of _____

Seen by Coroner _____

Information contained in this certificate received from _____

of _____

Sarah Anne Cullen

Town

County

Died at

Jefferson

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 30

Age

72 6 29

Maryland

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband of

Wife

Dr. John J. Cullen

Father's

Name

Mother's

Maiden Name

45

Cause of

Primary

Melanoma

How long sick

6 months

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

C. R. Green, M.D.

Address

Jefferson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Male

~~Female~~Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

~~Colored~~~~Married~~

Single

~~Widow~~~~Widower~~

Divorced

Number of children living

Husband
ofMother's
NameCause of
PrimaryDeath
Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79255



Elizabeth Duwall
Town County

Died at

MARYLAND

Date 1902

Month Day

6 1

Age

Y. M. D.

12, 2 29

Native of

Italy

Occupation

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Bernard Duwall

Cause of

Primary

Consumption

How long sick

3 Months

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. T. Price & Sons.

Address

190 N. Market St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry J. Favorite

Town County
 Died at Emmitsburg Frederick MARYLAND

Month Day Y. M. D. Native of Occupation
 Date 1902 6-8 Age 81. - - U. S. Taylor
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 5

Husband of

Wife

Father's Name Henry Favorite Mother's Name

Cause of Death { Primary Immediate General Debility -
 How long sick Two years -
 Accident, Suicide, Homicide

Reported by H. H. E. Stone

Address Emmitsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Anna M. Hingrock

Town

County

MARYLAND

Died at

Charmont Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June - 16 -

Age

5 - 5 - 19

Md

Domestic

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Harry Hingrock George Ann Martin

Cause of

Primary

Enteric fever

How long sick

Eight days

Death

Immediate

Perforation of bowel. Peritonitis

~~Accident, Suicide, Homicide~~

Reported by

E. C. Refractory

Address

Charmont, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Edward Titz

Town

County

MARYLAND

Died at Near Frederick Fred.

Month

Day

Y.

M.

D.

Native of

Occupation

Data 1902

June 18

Age

9-24

M

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name Chas. Titz

Mother's

Maiden Name

Mary Elizabeth

Cause of

Primary

Gastro-Enteritis

How long sick

1 wk.

Death

Immediate

Accident, Suicide, Homicide

Reported by

T. Clyde Ransom M.D.

Address

Buckeys town

Mary lajin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Phoebe Ann Foreman

Town

County

MARYLAND

Died at

Thurmont Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 5

Age

85-9-22

Md

H

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Seven

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Geo. W. Foreman

Conrad Melville

Leise

Cause of

Primary

Hemiplegia.

Death

Immediate

Broncho-Pneumonia.

How long sick

2 years.

~~Accident, Suicide, Homicide~~

Reported by

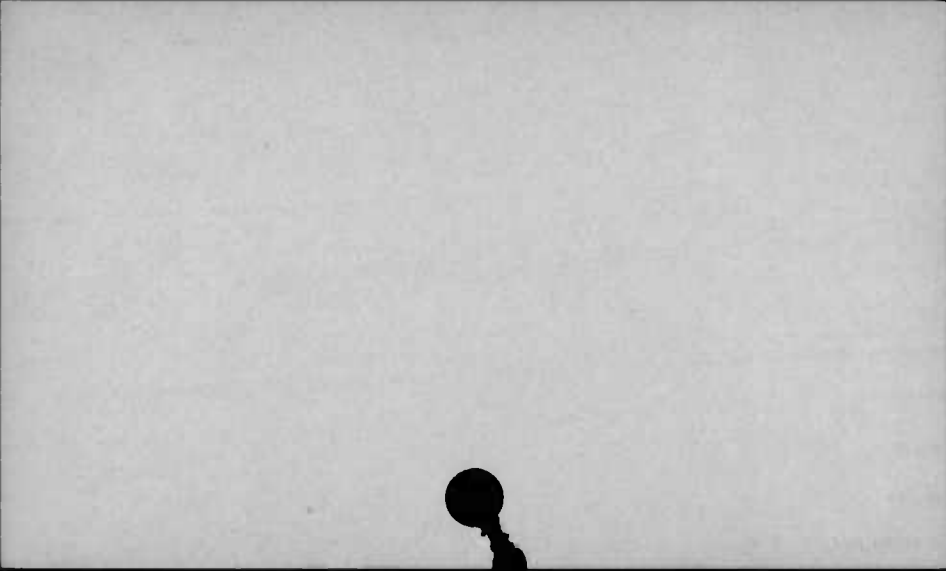
E. C. Refarvor M.D.

Address

Thurmont, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Martha Ellen Hartsock

Town

Frederick

County

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 11th

Age 3

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~Number of children livingHusband
of
WifeFather's
Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

Nancy V. Vanhorn

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Frank Hedgley M.D.

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ann Sophia Hinkle

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

6

4

Age

75-8-1

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband
of
Wife

Father's

Mother's

Name

Geo. Hinkle

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Interment. 6th .

" at about's quantity

A. T. Rice & Louis.

Jessie Lavinia Hopewell
 Town County

MARYLAND

Died at *Mountville* *Fredrick*
 Month Day Y. M. D. Native of Occupation

Date 19 *12* *June 21* Age *82* *Maryland*
~~Male~~ ~~White~~ Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living *One*

Husband of *George Hopewell*
 Wife
 Father's Name Mother's Maiden Name

Cause of Primary *Paralysis (Cerebral Hemiplegia)* How long sick *14 hours*
 Death Immediate *"* ~~Accident, Suicide, Homicide~~

Reported by *C. R. Green*

Address *Tipton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henson Jackson

Town

County

Died at

Montgomery Hospital

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 23

Age 36

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Primary

Ischemic Tuberculosis

Death

Immediate

Exhaustion

How long sick

Several days

Accident, Suicide, Homicide

Reported by

S. S. Maynard

Address

17 Second St.

33

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Kipe

Town

County

Died at Sabillasville Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 June 13 Age 66-6-0 Md

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 8

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

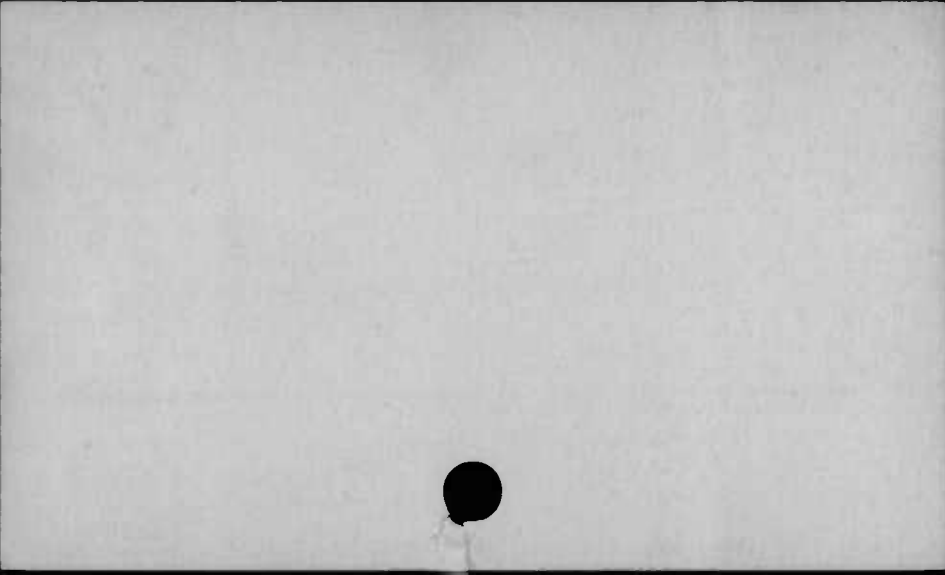
3 mos.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Leir Ree

Died at ^{Town} *Petersville* ^{County} *Fredweek* MARYLAND

Date 19 *02* ^{Month} *June* ^{Day} *9* | Age *83* ^{Y.} *10* ^{M.} *-* ^{D.} *-* | Native of *Ms.* | Occupation

Male ☒ ~~Female~~ | White ☒ ~~Colored~~ | Married ☒ ~~Widow~~ ~~Divorced~~ | Widower ☐ | Number of children living *2*.

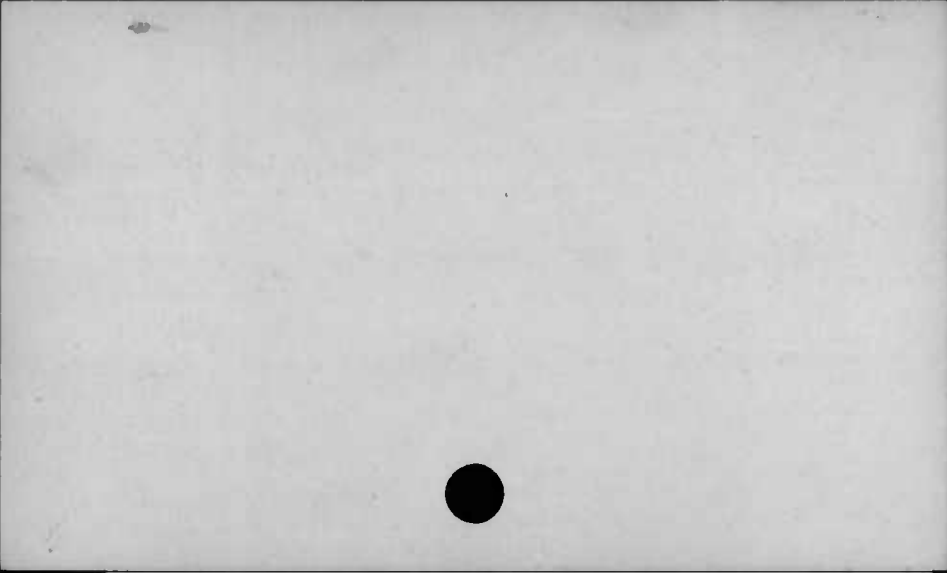
Husband of *Josephine J. Donnell*
 Wife of *William Ree*
 Father's Name *William Ree* Mother's Maiden Name *Mary Halliday*

Cause of Death { Primary *Old Age* | How long sick *6 mos*
 Immediate *Exhaustion* | *154* | ~~Accident, Suicide, Homicide~~

Reported by *Levin West*
 Address *Brunswick*

Fredrick Co

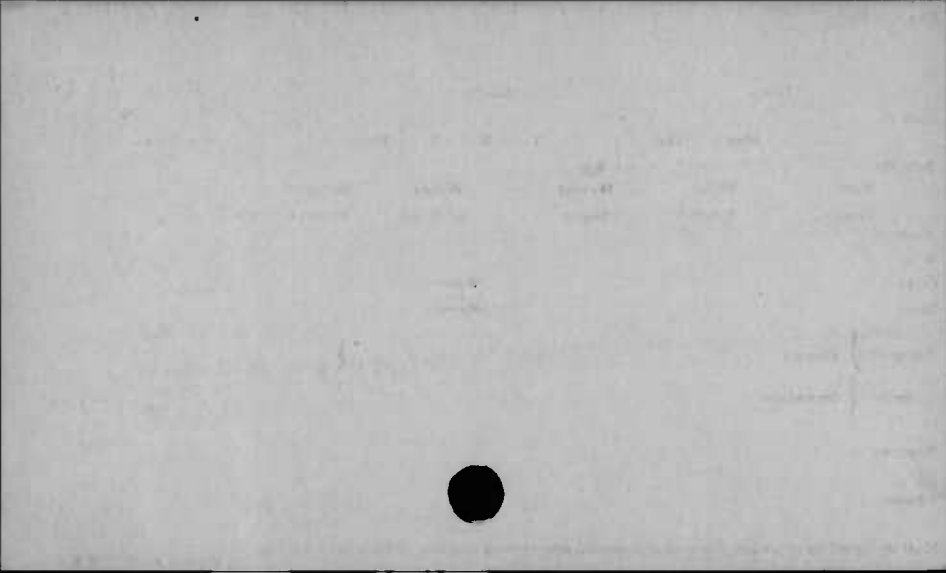
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Abigail Mc Mannis
 Town County Frederick MARYLAND
 Died at Mc Kang
 Date 1902 June 30 Age 64
 Male White Married Widow Divorced
 Female Colored Single Widowed
 Occupation Housekeeper
 Number of children living two
 Husband of Michael Mc Mannis
 Wife of
 Father's Name Mother's Name

Cause of Death { Primary Supposed Apoplexy
 Immediate
 How long sick 24 hours
 Accident, Suicide, Homicide

Reported by H. E. Stone
 Address Mt Pleasant Maryland



Name in Full

Certificate of Death

Joseph Maberry

Town

County

Died at

Montevue Hospital -

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 13

Age

80 -

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

✓

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

Death

Immediate

Exhaustion

How long sick

154

Accident, Suicide, Homicide

Reported by

J. S. Meadows

Address

17 Broad St W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Main

Town

County

Died at Frederick Frederick

MARYLAND

Date 19 02 June 17 Month Day Y. M. D. Age 78 - - Native of Fredk Co Occupation Housewife

Male White Married Widow Divorced
Female Colored Single Widower Number of children living —

Husband of David Main
Wife

Father's Name George Shank Mother's Maiden Name Unknown

Cause of Primery Senility How long sick Few minutes
Death Immediate Cardiac Stenosis Accident, Suicide, Homicide

Reported by Labreck M.D.

Address 17 E 2nd St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *New London* Town *Fredrick* County *MARYLAND*

Date 19 *02* Month *6* Day *1* Y. M. D. *3* Native of *md* Occupation _____

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____

Husband _____
 of _____
 Wife _____

Father's Name *Chas. E. Mercer* Mother's Maiden Name *Lavinia*

Cause of Death { Primary *Premature Birth* Immediate *151* How long sick *3 days*
 Accident, Suicide, Homicide

Reported by *Howard H. Hopkins Jr. M.D.*
 Address *New Market, Fredrick Co. Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elena Maris.

Died at ^{Town} Bucketsville ^{County} Frederick. MARYLAND

Date 1902 6 12 Age 58, about ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None.

Husband of Henry Maris.

Wife

Father's Name Unknown ^{born} Mother's Maiden Name Unknown

Cause of Death { Primary Diabetes Mellitus
 Immediate Exhaustion

How long sick 10 days

Accident, Suicide, Homicide

Reported by Jas. A. Gibson M.D. 50

Address Bucketsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amanda. Nielsen

Town

County

Died at

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

6 29

Age 41

Ind

Servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Nash.

Died at ^{Town} Waltersville ^{County} Fredrick MARYLAND

Date 1902 6 30 Month Day | Age 40 | Y. M. D. | Native of County | Occupation farmer

Male White Married Widow Divorced | Number of children living 6

~~Female~~ Colored Single Widower

Husband of May Nash

Father's Name Thomas Nash Mother's Maiden Name

Cause of Death { Primary Fall Immediate Paraplegia due to compression of spinal cord } How long sick 2 1/2 days

Accident, ~~Struck by train~~ suicide

Reported by J. Mcodemus

Address Waltersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

166



Name in Full

Certificate of Death

Catharine Brown

Town

County

Died at

Inden

MARYLAND

Date 1902

Month

Day

6 9

Age

Y.

M.

D.

58

Native of

U.S.

Occupation

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

5-

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jacob M. Brown

Francis Shaw

Ann Baruch

Cause of

Primary

Disease of Liver

How long sick

10 days-

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Franklin Buchanan Smith

Address

Court Sq

Inden Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Frank Ouelley

Town

County

Died at Fredensburg

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
	6	21				Fredensburg	

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever.

How long sick

2 months.

Death

Immediate

Epidemic

Accident, Suicide, Homicide

Reported by

W. G. McComas

Address

Fredensburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert Wilson Palmer

Town

County

Frederick

MARYLAND

Died at

Date 19

Month

Day

Y

M.

D.

Native of

Occupation

June 2nd Age 1

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

May 3 1902

Institution Grandford
Colo Cary

TO BE ANSWERED BY
NEAREST FRIEND

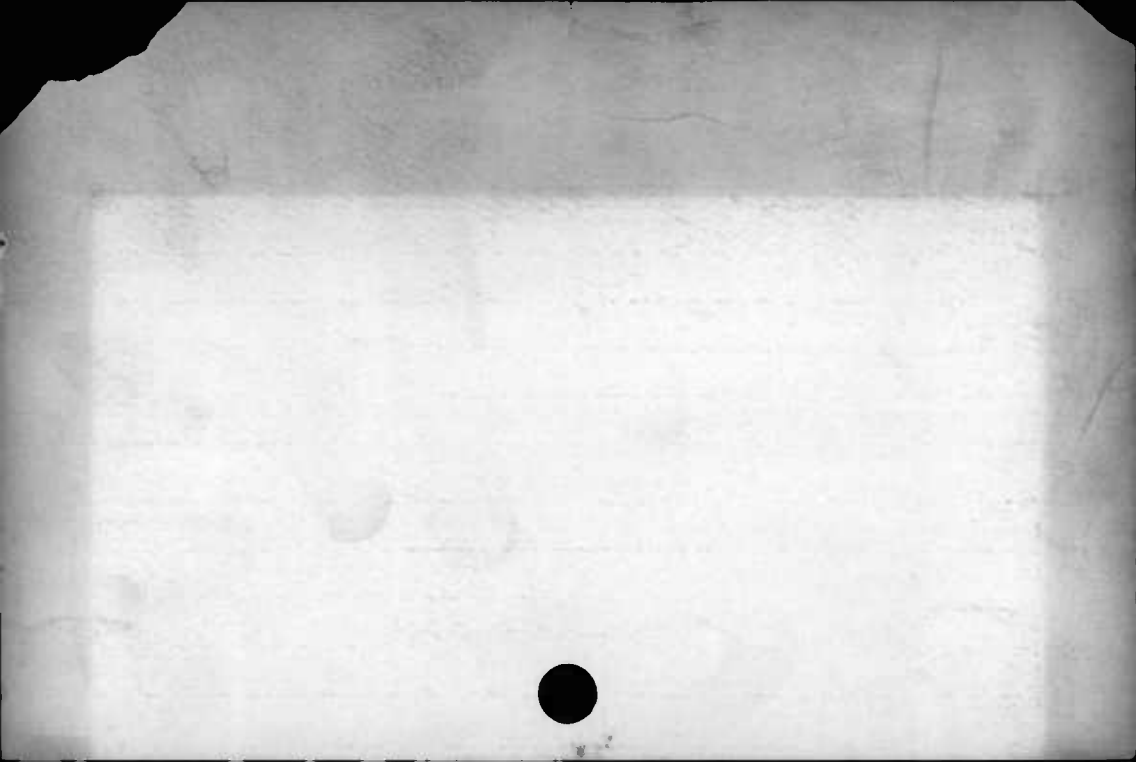
Susan R. Palmer

CERTIFICATE

Died at <i>Lewisstown</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>June</i>	Day <i>24</i>	Age <i>65</i> ^{Years}	<i>7</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Thomas Franklin Palmer</i>					
Father's Name <i>Philip Wachter</i>				Father's Birthplace <i>Bredmick Md.</i>	
Mother's Maiden Name <i>Susanna Reese</i>				Mother's Birthplace <i>Md.</i>	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer</i>	How long <i>18 months</i>	
	Immediate <i>Exhaustion</i>	How long <i>45</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. W. Goldsborough, M.D.</i>	
		Address <i>Walthersville, Md.</i>	
	Accident or Suicide?		



Name in Full

Certificate of Death

John A. Phalen
 Town Brunswick County Frederick MARYLAND
 Died at
 Date 1902 Month June Day 30 Y. 37 M. 4 D. 14 Native of Anne Occupation Engineer
 Male White Married Widow Divorced
 Female Colored Single Widowed Number of children living 2

Husband of Barbara Heck
 Wife
 Father's Name Daniel Phalen Mother's Name Mary Phalen
 Cause of Death { Primary Pneumonia 93 How long sick 6 weeks
 Immediate Heart-Exhaustion
 Accident, Suicide, Homicide

Reported by A. G. Horner
 Address Brunswick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65064

JUN 20 1907

3 p m

Name In Full

Certificate of Death

Harrison H. Ann Poole

MARYLAND

Died at *Montross* Town *Stafford* County
 Date *1902* Month *June* Day *12* Age *73* Y. M. D.
 Native of *Morristown* Occupation *+*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *+*

Husband of
Wife *+*Father's
NameMother's
Maiden Name *Stated*

Cause of Death { Primary *Apoplexy* Immediate *General Paralysis* }
 How long sick *Short on Day*
 Accident, Suicide, Homicide *Accident*

Reported by *S. S. Maynard*Address *17 Second St. N.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Infant Reynolds*
 Died at *Frederick* Town *"* County *"* MARYLAND

Date *1902* Month *6* Day *28* Age *md*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of ☒

Father's Name *Edward Reynolds* Mother's Name *Germa Swopes*

Cause of Death { Primary *Pneumonia* ☒ How long sick ☒
 Immediate ☒ ~~Accident, Suicide, Homicide~~

Reported by *C. J. Fordice, md*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full

Certificate of Death

Still born Child of Geo D Rudy

Died at ^{Town} Huddleton ^{County} Fredrick MARYLANDDate 1902 June 14 ^{Month} June ^{Day} 14 ^{Y.} 1902 ^{M.} June ^{D.} 14 ^{Native of} — ^{Occupation} —

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Singl~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Geo D Rudyhon L Delantis

Cause of

Primary

Died in winter

How long sick

Death

Immediate

unknown

Accident, Suicide, Homicide

Reported by

E L Beckley

Address

HuddletonInd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John William Alexis Shofer

Died at *Bucktown* *Frederick*

MARYLAND

Date 19 *02* Month *6* Day *15* - Age *19* Y. *7* M. *15* D. - Native of *Ind.* Occupation *Farmer*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living *7*

Female ☐ Colored ☐ Single ☐ Widowed ☐ Divorced ☐

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Saria Ann Shoemaker

Town

County

Died at

Brunswick Fredrick

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 19

02

June 22

Age

73 - 12

W. Va

none

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 10

Husband of

William H Shoemaker

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dropsy

177

How long sick

9 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. Hedges MD

Address

Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

JUN 22 1902
10 am

George A Smith

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 19

Month Day

June 9

Age

Y. M. D.

19. 8. 19.

Native of

New York

Occupation

Religious

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Andrew Smith

Mother's

Maiden Name

Winifred F Donlan

Cause of

Primary

Tuberculosis

How long sick

8 months

Death

Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

L. B. McK MD

Address

178 200 St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at ^{Town} *Frederick*

County

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	6	25	21			md	Laborer
Male	White	Married	Widow	Divorced			
Female	Colored	-Single	Widower	Number of children living			

Husband of **X**
Wife

Father's Name	Mother's Name
------------------	------------------

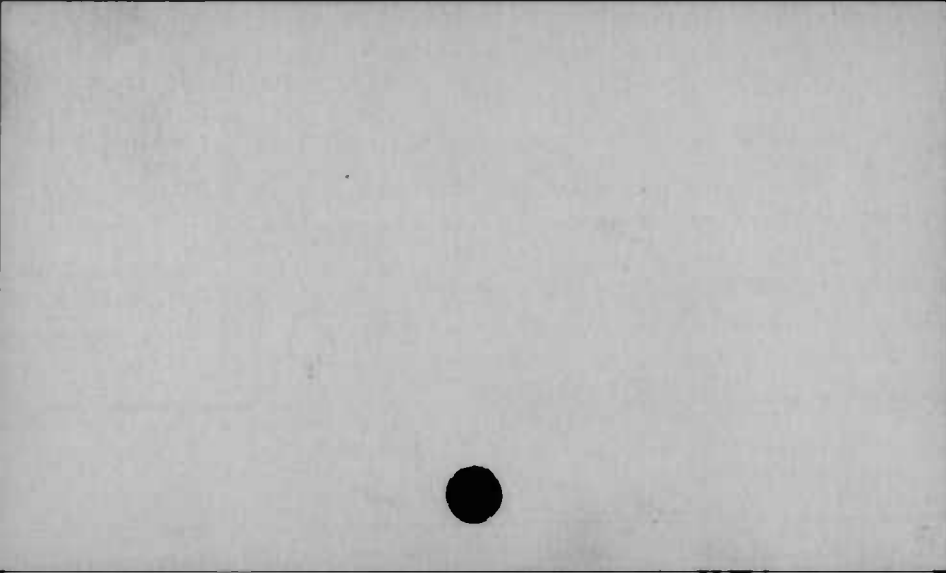
Cause of	Primary	Tuberculosis	How long sick	2 mo.
Death	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by W. J. S. Jones, M.D.

Address [REDACTED]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 659F9



Still Born Male Child

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

6 21

Age

Y.

M.

D.

Native of

Occupation

City

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm Stanley

Mother's

Maiden Name

Margaretta Brown

Cause of

Primary

Still Born

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

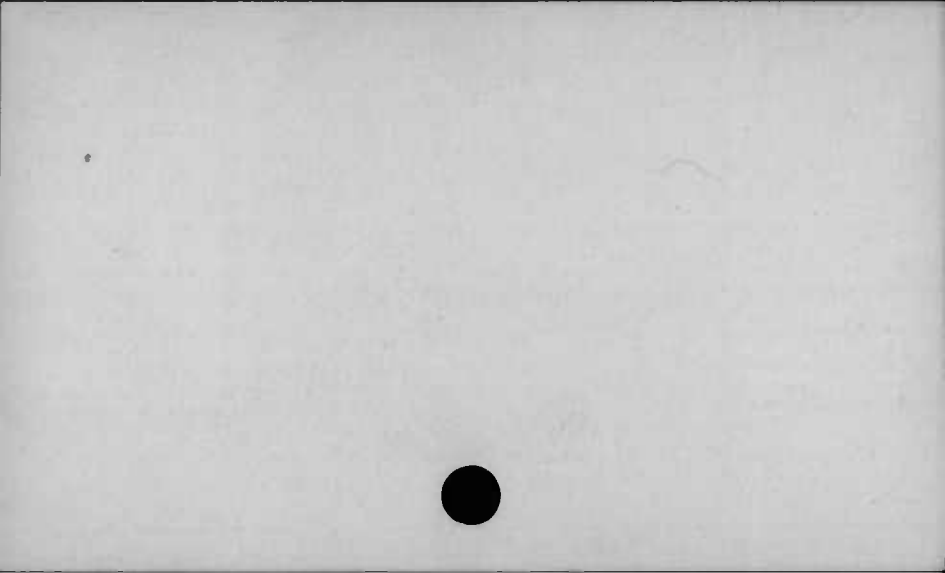
Reported by

A. T. Rice & Sons

Address

190 N. Market St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Clementine Staten

Town

County

MARYLAND

Died at Monticome Hospital Fred R

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 19

Age 55

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living /

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Insane

Death

Immediate

Diabetes (Suicidal)

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Dr. J. S. Maynard

Address

17 Second St. W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary W. Stockman

Town

County

Died at

Jefferson

Frederick

MARYLAND

Date 19

02

Month

6

Day

4

Age

60 2 3

Native of

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband of

E. J. Stockman

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

93

How long sick

3 weeks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. Botcher Evans M D

Address

Jefferson



Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70004



Name in Full

Certificate of Death

Died at

Date 1902

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

White

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Miss Katie E Taylor

Town

County

Died at

Montevue Hospital

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 19

Age 17

Md

→

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband of

Wife

X

Father's

Mother's

Name

Maiden Name

X

Cause of

Primary

Idiocy

How long sick

Life

Death

Immediate

Progressive Insanity

Accident, Suicide, Homicide

Reported by

S. S. Maynard

68

Address

17 Second St N



✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Myra J. Taylor

Town

County

Died at

Olive

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

1

Age

25.11.6

Spinster

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Geo. W. Taylor

108

Cause of

Primary

Cramp Colic

How long sick

5 days

Death

Immediate

Locked Bowels

Accident, Suicide, Homicide

Reported by

H. Boteler Gross M.D.

Address

Jefferson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amanda Werking

Town

County

Died at

*Frautville**Predk,*

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 9

Age

*33-**Wd**Housewife*~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

*James C. Werking**Abraham Stover**Elizabeth Buzzard*

Cause of

Primary

Phthisis Pulmonalis

How long sick

About 1 yr.

Death

Immediate

General Asthma~~Accident, Suicide, Homicide~~

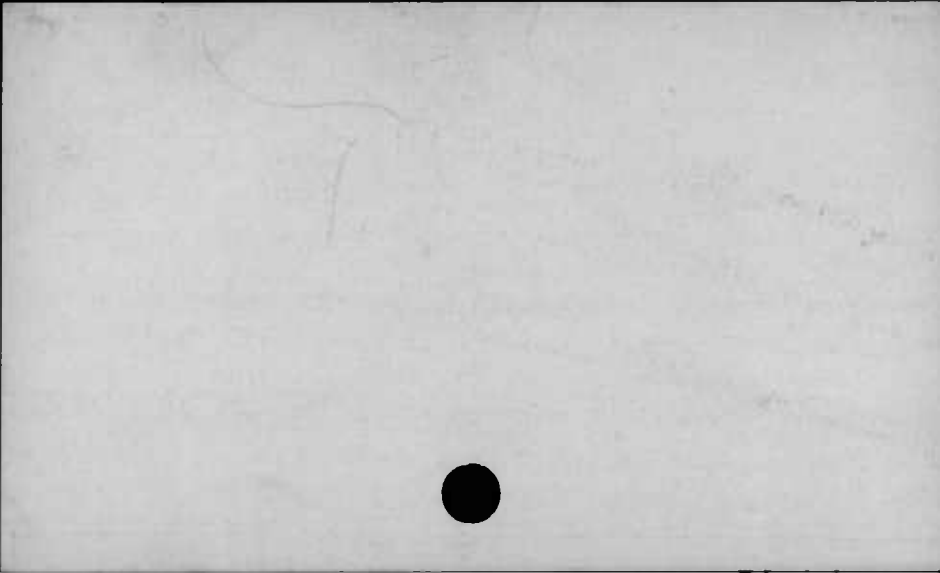
Reported by

C. A. Stultz M.D.

Address

Woodboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Virginia Netzel

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 23

Age 42

Housing

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband of

Robert A. Netzel

Wife

Father's

Mother's

Name

Maiden Name

James Kiper

Ruth

135

Cause of

Primary

Child birth

How long sick

3 days

Death

Immediate

Hemorrhage Uterine

Accident, Suicide, Homicide

Reported by

Robert L. Annan M.D.

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76806



Name In Full

Certificate of Death

John Thomas Wiles

Town

County

Died at Near Rockville, Freda Co

MARYLAND

Date 1901 6 12 Age 83 7 6 Maryland Farmer
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 1

Husband of Elizabeth Smith
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Primary General Debility, - 2 Months
 Death Immediate Drooping Accident, Suicide, Homicide

Reported by H. Boteler Gross M.D.
 Address Jefferson [Redacted] Freda Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75655



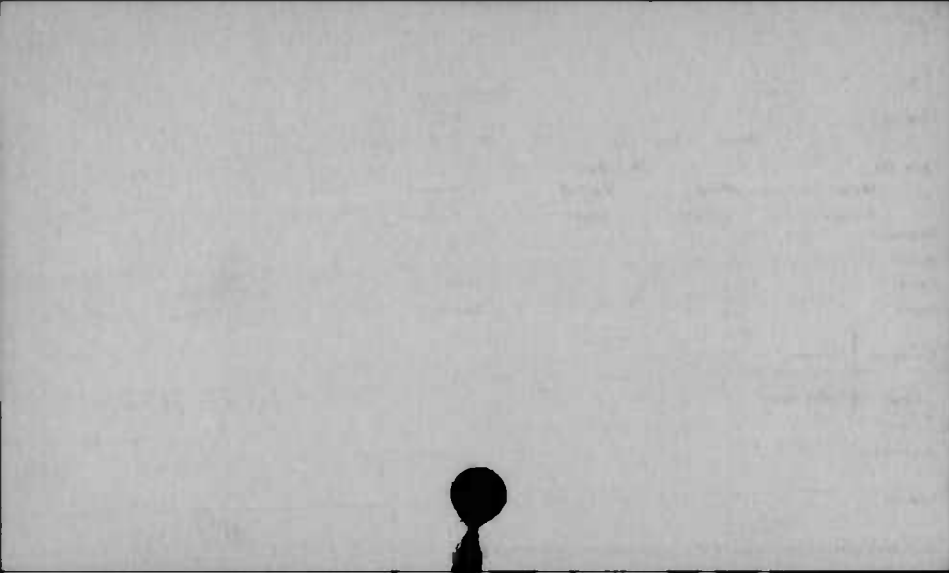
Name in Full

Certificate of Death

Name in Full *Nathaniel J. Wilson*
 Town *Frederick* County *Frederick* MARYLAND
 Died at *Frederick*
 Date *1902* Month *6* Day *20* Y. *66* M. *5* D. *7* Native of *Ireland* Occupation *Shoe dealer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *8*
 Husband of *Ann Sophia Albough*
 Wife of *Ann Sophia Albough*
 Father's Name *_____* Mother's Name *_____*
 Cause of Death Primary *Cerebral Haemorrhage* Immediate *Paralysis* How long sick *Half hour*
 Reported by *U. A. Shonette* *6/21/02*
 Address *Frederick* Filed *1902*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Ruth Worthington -

Maryland

Died at

MARYLAND

Urban

Frederick

Month Day

Y. M. D.

Native of

Occupation

Date 19

02 June 0

Age

70-19 wd.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

three

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Burial June 7

" at Mt Olivet

A. F. Rice & Sons

Name In Full

Certificate of Death

Lillian Irene Young.

Town

County

Died at

Liberty

Frederick

MARYLAND

Date 1902. Month June Day 3

Y. M. D.

Native of

Occupation

Age 2 26

Free Col

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Raymond Young

Mother's
Name

Nora Goble

Cause of

Primary

Cholera Infantum

How long sick

1 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. Thomas Smith

Address

Liberty Town

105

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

